

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000189 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/14/2013 |
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| NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey. This survey was done in conjunction with the Investigation of Complaint IN00139191.</p> <p>Complaint IN00139191- Substantiated. No deficiencies related to the allegation(s) are cited.</p> <p>Survey Dates: November 6, 7, 8, 12, 13, & 14, 2013</p> <p>Facility number: 000189 Provider number: 155292 AIM number: 100267330</p> <p>Survey team: Lora Brettnacher, RN-TC Jeanna King, RN Karen Hartman, RN</p> <p>Census bed type: SNF/NF: 141 Residential: 72 Total: 213</p> <p>Census payor type: Medicare: 30 Medicaid: 76 Other: 107 Total: 213</p> <p>Residential sample: 7</p> <p>American Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Recertification and State Licensure Survey and in regard to the Investigation of Complaint IN00139191.</p> | R 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| R 000 | Continued From page 1 Quality review completed 11/15/2013 by Brenda Marshall Nunan, R.N. | R 000 | | |